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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(5)

VICTORY BAPTIST CHURCH OF INVERNESS, INC.

Principal Place of Business Mailing Address							I MARIN COOL CONT. CONT. HADE DUNK	DIEL BIENN BARN E		JURA DIVER BUET
DR.) (1. 34450	P.O. B(SHSDY ACRE DR. P.O. BOX 973 INVERNESS FL 34451-0973								
± 47700		US					3. Date Incorporated or Qualified 12/18/1979			
Place of Busines		2a. Mailing Address				4. FEI Number 50-2613090	<u> </u>		plied For	
Suite, Apt. #, etc.							38 20 13000			t Applicable
#, UtC.	27	 				5. Certificate of Status Desired		Fee Re		
City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip Country			Zip Country				This corporation has liability for intangible tax under s. 199.032,			
25 29 30			30		Florida Statutes Yes No					
9. Name a	nd Address of Curre	ent Registere	d Agent				10. Name and Address of New Re	istered Age	nt	
					וי	Name				
VISSCHER, EDWARD 7645 E. SHORE DR.					2	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
INVERNESS FL 34450				8	3	····				
				8	4	City		EI (5 Zip (Code
t to the provision	ns of Sections 617.05	02 and 617.1!	508, Florida Statu	tes, the abo	ve-i	named corpo	ration submits this statement for the p	urpose of ch	anging it:	s registered
registered ager am familiar with	it, or both, in the Stat	te of Florida, Signations of, Sec	uch change was ction 617,0503, FI	authorized I orida Statuti	by t es.	he corporatio	on's board of directors. I hereby accept	t the appoint	ment as	registered
		_								
	printed name of registered a	igent and title if app	licable. (NO	TE Registered A	gent	signature required		DATE		
	OFFICERS A	ND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFIC			
(-			L DELETE	1.1 TITLE		l		L	Change	Addition
				1.2 NAM	1.2 NAME				*	
				1.3 STREET ADDRESS						
·+	S FL 34453					ZIP				
_			T DEFELE			ļ			Change	■ Addition
				2.3 STRE	ET AI	DDRESS				
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	DR. L 34450 Place of Busines #, etc. te 9. Name and HER, EDWARD. SHORE DR. NESS FL 3445 I to the provision registered agent familiar with, Stgnature, typed or D LOTT, CA 4055 E. J INERNES D GOON, L 4377E GC INVERNES D VISSCHEI 7645 E. S INVERNES D L I NDSI 7 2 8 EI I NVERI	DR. L 34450 Place of Business #, etc. te Country 25 9. Name and Address of Curre HER, EDWARD . SHORE DR. NESS FL 34450 Ito the provisions of Sections 617.05 registered agent, or both, in the State and familiar with, and accept the oblice Stgnature, typed or printed name of registered a OFFICERS AID LOTT, CALVIN 4055 E. JESSIE LN. INERNESS FL 34453 D GOON, L.L. 4377E GOODWIN COURT INVERNESS, FL 00000 D VISSCHER, EDWARD 7645 E. SHORE DR. INVERNESS FL 34450 D LINDSKOG, CARL 7 2 8 EDGEWATER INVERNESS, FL.	DR. SHSDY P.O. BY P.O.	DR. L 34450 Place of Business 2e. Mailing Address 26. #, etc. City & State 29. P. Name and Address of Current Registered Agent AER, EDWARD SHORE DR. SESS FL 34450 Lot the provisions of Sections 617.0502 and 617.1508. Florida Staturegistered agent, or both, in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida Staturegistered agent, or both, in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida. Such change was arm familiar with, and accept the obligations of, Section 617.0503, Floridary in the State of Florida. 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SHSDY ACRE DR. P.O. BOX 973 INVERNESS FI. 34451-0973 US Place of Business 26. Mailing Address 26. #, otc. Suite, Apt. #, etc. 27] te Country 25 29 9. Name and Address of Current Registered Agent SHSDY ACRE DR. SHORE DR. S	DR. SHSDY ACRE DR. P.O. BOX 973 INVERNESS FL 34451-0973 US Place of Business 26. Mailing Address 26. #, etc. Suite, Apt. #, etc. 27. City & State 28. Country 25. 9. Name and Address of Current Registered Agent HER, EDWARD SHORE DR. HESS FL 34450 B1 SHORE DR. HESS FL 34450 B2 SHORE DR. HESS FL 34450 B3 B4 B1 B1 B1 B2 SHORE DR. HESS FL 34450 B3 B4 B4 B5 B5 B6 B7 B7 B8 B8 B8 B8 B8 B8 B8 B8	DR. L 34450 SHSDY ACRE DR. P.O. BOX 973 INVERNESS FI. 34451-0973 INVERNESS FI. 34451-0973 INVERNESS FI. 34451-0973 INVERNESS FI. 34450 Place of Business 28. Mailing Address 26. 4. etc. Suite, Apt. #, etc. 27. City & State 28. Country 28. Country 29. Solite, Apt. #, etc. 27. City & State 28. Solite, Apt. #, etc. 27. Country 29. Solite, Apt. #, etc. 27. Country 29. Solite, Apt. #, etc. 27. Lot the provisions of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporated agent, or both, in the State of Florida, Such change was authorized by the corporate and familiar with, and accept the obligations of, Section 617 0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. Delette 1:1 Title 1:2 NAME 1:3 Stratet Address 1:3 Stratet Addr	DR. SHSDY ACRE DR. P.O. BOX 973 NYERNESS FI. 34451-0973 US 3. Date Incorporated or Qualified 12/18/1979 4. FEI Number 5. Centificate of Status Desired 5. Centificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation has liability for in Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Reg 1ER, EDWARD 8. Street Address (P.O. Box Number is Not Acceptable 8. Street Address (P.O. Box Number is Not Acceptable 8. Street Address (P.O. Box Number is Not Acceptable 8. Street Address (P.O. Box Number is Not Acceptable 9. Street Address (P.O. Box Number is Not Acceptable 9. Street Address (P.O. Box Number is Not Acceptable 9. City 1. This provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the propision degree of provisions board of directors. I hereby acceptable of Provisions of Sections 617.0502 and 617.1508. Florida Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions board of directors. I hereby acceptable of Provisions Statutes 1. This provisions o	DR. SHSDY ACRE OR P. D. BOX 973 INVERNESS FI. 34451 0873 INVERNESS FI. 34451 0873 INVERNESS FI. 34451 0873 INVERNESS FI. 34451 0873 INVERNESS FI. 34453 INVERNESS FI. 34450 INVERNESS FI. 34453 INVERNESS FI. 34453 INVERNESS FI. 34453 INVERNESS FI. 34450 INVERNESS FI.	DR. SHSDY ACRE DR. P.D. BOX 979 INVERNESS R. 3481-0079 3. Date Incorporated or Qualified

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. Edward Visscher Devime Proce # 0068348 EDWARD WISSOHER HEQUIRED

SIGNATURE: __

FILED

May 15 1997 8:00am

Secretary of State